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21971 7590 08/05/2004
WILSON SONSINI GOODRICH & ROSATI
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<u>Sazan Lindstrom</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>Nov 4, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/686,125	10/10/2000	Awele Ndili	24286-705	4295

TITLE OF INVENTION: SYSTEM FOR CONVERTING WIRELESS COMMUNICATIONS FOR A MOBILE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 \$685	\$0	\$665 \$685	11/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, THONG H	2142	709-246000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Wilson Sonsini Goodrich & Rosati 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. **11/09/2004 NBEYENE2 00000007 232415 09686125**

(A) NAME OF ASSIGNEE MShift, Inc.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) San Jose, California	02 FC:8001	685.00 DA 30.00 DA
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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>23-2415</u> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) U.P. Peter Eng (Date) 11/4/04
 Reg. No. 39,686

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